



PZC Use Only: File # _____
Application Fee: _____ \$60.00
Application Date: _____
Other Requirements: _____

Town of Suffield Driveway Permit Application

Date: _____

Fee: _____ \$60.00

APPLICATION MUST BE FILLED OUT COMPLETELY *(Include copy of Site Plan)*

1. Attach copy of Conservation Commission approval.
2. Property Address: _____
3. Assessor's Map Number _____, Block Number _____, Lot Number _____
4. Applicant's Name: _____
5. Applicant's Address: _____ Phone Number: _____
6. Owner of Record (if different): _____
7. Owners Address (if different): _____ Phone Number: _____
8. Agent's Name (if different): _____
9. Agent's Address (if different): _____ Phone Number: _____
10. Are Easements or Deed Restriction Existing on Property? _____ (if yes, attach list)
11. Is any part of the Property located in a Flood Plain? _____ (if yes, show on plan)
12. Type of Driveway (check) Residential _____ Commercial _____
13. Length of Driveway (check) Less Than 250 Feet _____ More Than 250 feet _____
14. Driveway Requirements – See **Section III.H. DRIVEWAYS AND VISIBILITY** (attached for application requirements)
15. By signing this application I am certifying that the above information is correct and that I have submitted all required documentation and am in compliance with the Town of Suffield Zoning Regulation. I hereby authorize the Planning and Zoning Commission and their staff to enter upon the property for the purpose of inspection, promulgation of construction improvements, and/or enforcement and administration of the Town of Suffield Zoning Regulations.

Record Owner Signature: _____ Date: _____

Applicant Signature (if other than Record Owner): _____ Date: _____